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MAR 12 2004 PATENT APPLICATION

03500.016166.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: C. Sung
SATOSHI OKADA, ET AL.)
: Group Art Unit: 2878
Application No.: 10/066,618)
:
Filed: February 6, 2002)
:
For: SCINTILLATOR PANEL,)
: RADIATION DETECTOR AND)
: MANUFACTURE METHODS)
: THEREOF)
: March 5, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated November 5, 2003 (Paper No. 6), the period for response to which having been extended to March 5, 2004 by the accompanying Petition For Extension Of Time with fee, please amend the above-identified application, as follows:

03/10/2004 EAREGAY1 00000085 10066618

01 FC:1201

172.00 OP

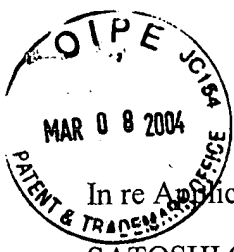
I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

March 5, 2004
(Date of Deposit)

Dennis A. Duchene, Reg. No. 40,595
(Name of Attorney for Applicant)

March 5, 2004
Signature

March 5, 2004
Date of Signature



In re Application of:

SATOSHI OKADA, ET AL.

Application No.: 10/066,618

Filed: February 6, 2002

For: SCINTILLATOR PANEL,
RADIATION DETECTOR AND
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Docket No. 03500.016166.

Examiner: C. Sung

Group Art Unit: 2878

Date: March 5, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 43	MINUS	** 44	= 8	x \$9 \$18	\$.00
INDEP. CLAIMS	* 9	MINUS	*** 7	= 2	x \$43 \$86	\$ 172.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 172.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 172.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 110.00 to cover the fee for a one month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 40,595

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

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